BLSI AVAILABLE									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000										19895432			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS 30			٠.			RA		RAȚE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		84	ISIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			30minus 20=		· 10			X\$ 9=		OR	X\$18= .	180	
INDEPENDENT CLAIMS			6 minus 3 = 3				X40=			OR	X80=	240	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				ı [135=		OR	+270=)	
• If the difference in column 1 is less than zero, enter "0" in						column 2		OTAL		OR	TOTAL	1120	
CLAIMS AS AMENDED - PART II. (Column 1) (Column 2) (Column 3)								MALL	ENTITY	OR	OTHER		
NT A	1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	EST	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE.	ADDI- TIONAL FEE	
HENDMENT	Total	. 30	Minus .	.• 3	O	- 0		X\$ 9=		OR	X\$18=		
S	Independent	6	Minus	••• . (Q .	- O		X40=	V	OR	X80 <u>≐</u> ·		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u>ا</u> ا	135=	^	OR	+270=	7	
								TOTAL		OR	TOTAL		
	·	AD:	DIT. FEE			ADDIT. FEE	. ,						
NT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG! NUM PREVI	MR 2) HEST: MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDMENT	Total	. 30	Minus		<u> 5</u> 0	- 0	ŀF	K\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF M	Minus	***	CO.	= (X	X40=		QĤ	X80-	<i>i</i>	
┞╴	rins i-knese	A (A) ION OF M	OCTO CE-OCT	LIVER		<u> </u>	' [•	135=		OR	+279=		
			٠	•	• :		· ADI	TOTAL DIT. FEE	• ,	OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAHAS REMAINING AFTER AMENDMENT		NUN PREV	HEST BBER OUSLY FOR	PRESENT: EXTRA	[RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
3	Total	•	Minus	••		*		(\$ 9=		OR	X\$18=		
	independent.	1 ·	Minus : -	. see	T CL AIRA	=		(40 -	·	OR	X80=		
		NTATION OF M	·				' -	135=		OR	+270=		
* if the entry in column 1 to 1 so than the entry in column 2, write "V" in column 3. ** If the Project Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** ADDIT. FEE ADDIT. FEE ADDIT. FEE													
. "	17 th Thighest Nu The Thigh at Num	mber Pr viously Pa mber Previously Pa	aid For' IN THI id For' (Total o	S SPACE r Independ	to less the dent) is the	en 3, enter "3." highest numbe			propriate box	in coi	•		